

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-376)**

SERIAL NO. 1

FILING DATE

09/14/71  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.	7					
TOTAL DEF.	21					
TOTAL	28					

					IND.
	IND.	DEF.	IND.	DEF.	
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TOTAL IND.					
TOTAL DEF.					
TOTAL					